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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	09/761,421
Filing Date	
First Named Inventor	Robert L. Jones
Art Unit	
Examiner Name	
Attorney Docket Number	

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
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The reasons for this request are: The client's conduct renders it unreasonably difficult for the practitioner to effectively carry out employment.

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Robert L. Jones		
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Date	08/21/06	Telephone No.	202-285-8719

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